2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# 717377

Entity Name: COMMUNITY TREATMENT CENTER, INC.

Current Principal Place of Business:

1215 LAKE DRIVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1215 LAKE DRIVE
COCOA, FL 32922

New Mailing Address:

FEI Number: 23-7061960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELTON, JONATHAN
1215 LAKE DR
COCOA, FL 32922 US

Name and Address of New Registered Agent:

MELTON, JONATHAN
1215 LAKE DR
COCOA, FL 32922 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JONATHAN MELTON 06/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: B ( ) Delete
Name: GRIFFIN, DON
Address: 6535 PLEASANT AVE
City-St-Zip: PT ST JOHN, FL 32927

Title: D ( ) Delete
Name: IVEY, JUDY,
Address: 275 EAGLE LANE
City-St-Zip: MERRITT ISLAND, FL

Title: ST ( ) Delete
Name: ELLIS, STEVE
Address: 535 DELANNOY AVE.
City-St-Zip: COCOA, FL

Title: D ( ) Delete
Name: PATRICK, KENNY
Address: 5493 FLINT RD.
City-St-Zip: COCOA, FL

Title: P ( ) Delete
Name: MELTON, JONTHAN
Address: 5540 FAN PALM AVE.
City-St-Zip: COCOA, FL 32927

Title: V ( ) Delete
Name: LENARD, MERIA
Address: 1419 PEACHTREE ST
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERIA F. LENARD V 06/30/2004
Electronic Signature of Signing Officer or Director Date